Language preference (check one)	lish 및 Español/Sp 한국어/Korean □	panish 🗖	русский/Russian 🗋 i	Tiấng Việt/Vietnan nali ☐ Other:		文/Chinese Trad	itional	Claim B		
I. Name (First-Middle-Last)	0 1		2. Maie	14. Date of injur	ry or last	15. Time of	injury:	16.	Shift (che	ck one)
Walian John	Petus	6N_	☐ Female	occupational exposure	526119	· :	MA [🗀 РМ 🗀	Day 🖵 Sw	ring 🗋 Ni
3. Social Security Number	4. Home phone		5. Birth date	17. Have you eve	er been treated for	the same or si	milar co	ndition?	TYES .	0И 🖾
5. Home address	(A		7. Height (Ft-In.)	18. Is this conditi	ion due to a specif	fic incident?	YES I	□ NO		
o, noneadoress			7. Holgar (real)	19a. Body parts in	njured or exposed:					
East Olympia	State ZiP Code		8. Weight		detail how your in nachinery, chemicals or					
9. Mailing address (if different from home a	dcress)		10. Family status:							
City	State ZIP Code		Married □ Wicewed □ Separated □ Single	1						
ony	211 0000		Divorced							
Family and dependent eligibilit proof of marriage, domestic partnership reg	ty: You may be requir gistration, or depende	ired to show ent eligibility.	Registered Domestic Partner	20. Were you do your regular	ing 🛂 YES 21 job? 🗀 NO	. Where did the	e injury remises	or exposur Jobsite	re occur? Other:	
11. Dependent children Include unbom/	12. Name of Sp		egistered	22. Where did th	e injury/exposure	occur? Name	of busin	ess:		
 estimate birth date. Benefits will be based in part on number of legally dependent children and depth have legally excepted. 	n. lf	armer:	Potres							
you don't have legal custody, complete Box	13. Relationship		Stody Birth date	Address		City		Count	ty S	tate ZIF
ne of the property of the second of the seco		□ YES C	The state of the s	00 leives en	d by a facility	hine product	or port	on other th	00 001 07	nlove-
		□ YES □		23. Injury cause or co-worke	ed by a faulty mader?	hine, product			an my em	proyer
	1	Q YES C	DN0 / /	24. List any with						
	_	☐ YES C		1						
		CI YES C		25. When will yo	ou return to work?	2	26. Whe	n did you la		
13. Name & address of children's legal	guardian								126	
Name	Address State ZIP Code			If "yes" write name					/	/
City	STRIKE TH CODE	•		29. Did you have	employer-paid he	aith care benefi	ts on the	e day injure	d? □Y	ES 🗀 N
										- Process
30. Business name of your employer	A	31.1	Type of business]	ive you worked th		D	33. En	nployer's p	hone) دیمسیمسیو
Thursday County	A	51.6		Years	Months		_ Days	33. En	nployer's p	hone 553
4 / 0 . 1	A	51.6	Type of business List your job title and da	Years	Months		_ Days	33. En	nployer's p	hone 553
Thurston County 34. Your employer's address P.D.Box 578	, Fine Du	51.6		Years	Months		_ Days	33. En	nployer's p	phone 553
The Store County 34. Your employer's address P. Box 578 City Store	Fire Du	35.1		Years	Months		_ Days	33. En	nployer's p	hone 553
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